Date

April 20, 2009

				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				lication Number	10/591,221		
FEE TRANSMITTAL				g Date	August 31, 2006		
for FY 2009				t Named Inventor	Steven Porter Hotelling, et al.		
Applicant claims small entity status. See 37 CFR 1.27				miner Name	John E. Chapman		
				Unit	2856		
TOTAL AMOUNT OF PA	YMENT	(\$) 810.00	Atto	rney Docket No.	PU040336		
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :							
☑ Check ☐ Credit Card ☐ Worley Order ☐ None ☐ Other (product items)) ·							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments							
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization	n on PTO	2038.					•
FEE CALCULATION							
1. BASIC FILING, SEA			ES		EVAMINIA	TION EEE	:c
	FILIN	G FEES Small Entity	SEAR	CH FEES Small Enti		ATION FEE Small Entil	
Application Type	Fee (S		Fee(\$)		Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	adrigat tasks, v corrector do corrector
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	yarranda ya ra 46
Reissue	310	155	510	255	620	310	Mary Start of the State
Provisional	210	105	0	0	0	0	apply and design the specific
2. EXCESS CLAIM FE					•		Small Entity
Fee Description							<u>Fee (\$)</u>
Each claim over 20 (in	cluding I	Reissues)				50	25
Each independent clair	m over 3	(including Reissues)				210	105
Multiple dependent cla			_			370	185.
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee(\$)</u>				Fee Paid (\$)		Multiple Dependent Claims	
-20 or HF)= 	X	=			<u>Fee</u>	(\$) <u>Fee Paid (\$)</u>
HP = highest number of		ns paid for, if greater than 20.					days - a - a - a - a - a - a - a - a - a -
<u>Indep. Claims</u>	Extr	a Claims Fee(\$)	•	Fee Paid (\$)			·
- 3 or HP		X	=				
		ent claims paid for, if greater t	nan 3.				
3. APPLICATION SIZI	EFEE	1.00 1			dly filed sequence	or commute	•
If the specification and	drawings	exceed 100 sheets of pap 52(e)), the application siz	er (excit	iging electronica	or small entity) for	r each additi	ional 50
listings under 3	/ Urk I.	f. See 35 U.S.C. 41(a)(1)(G) and 3	7 CFR 16(s).	or sman charge for		
Total Sheets			f each a	additional 50 c	or fraction there	of Fee (\$	Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Request for Continued Examination (RCE)							
Total:	a - a-473 MIIIIII		4				810.00
101			A				
SUBMITTED BY							
	M.	Bul AF		Registration No	E7 200	Tele	phone 317-587-4027
Signature	' W/	11/1/11/11/11/11/11		(Altorney/Agent	1) 57,000		

Michael A. Pugel

Name (Print/Type)